## NEPHI CITY CORPORATION

## APPLICATION FOR EMPLOYMENT

## READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is important that you answer all questions fully and accurately. Failure to do so may delay your consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "NA" or Not Applicable. You must sign and date this application.

(Use typewriter or print clearly in black ink)

P	OSTTION:								
1.	. Title or type of position:								
2.	. If you are applying for a law enforcement position, are you currently Utah Law Enforcement P.O.S.T. Certified:  () Yes () No								
3.	Type of employment acceptable: () full-time () part-time () temporary								
4.	What is the lowest entrance salary you will accept in any position? \$ per month/hour.								
P	ERSONAL INFORMATION:								
5.	Name:								
	Name: (First name) (Middle initial) (Last name)								
	Address:								
	Street City State Zip code								
	Home phone: Other phone: (specify)								
	Email address:								
6.	Are you at least 16 but not older than 70 years of age? () yes () no								
7.	Are you a citizen of the U.S. or are you a lawfully immigrated alien who is legally eligible to work? () yes () no								
8.	Have you been convicted of a felony within the last 10 years? () yes () no								
	If yes, explain:  *Please note: A conviction record will not necessarily be a bar to employment. Factors such as age at time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.								
9.	Do you have any physical, mental or medical impairment that would prevent you from performing the essential functions of the job you are applying for? () yes () no								
	If yes, explain:  *Please note: Nephi City will make reasonable accommodations for qualified handicapped individuals as required by law.								
10	. Do you have a valid Driver's License? () yes () no								
	Do you have a valid Chauffeur's License? () yes () no								

## **SKILLS AND ABILITIES:**

Mark your curre	IS (required for clerent skills and abilitions)  when the content of the clerent skills and abilitions  when the clerent skills and abilitions  when the clerent skills are clerent skills and abilitions  when the clerent skills are clerent skills and abilitions  when the clerent skills are clerent skills are clerent skills and abilitions  when the clerent skills are cleren	es (subject to veri () Ten-l		()	Transcribing Computer te		()PBX	
() Actin () Com	ks in which you ha ng as receptionist a posing correspond g, sorting, arrangin	nd answering pho ence, preparing re	ne	() Computing with numbers () Typing tables or graphs				
Mark the equipm () Asph () Asph () Asph () Buck () Picko	ills (required for open and machinery nalt roller nalt lay down nalt cutter truck up (standard trans) wheel dump truck	you can operate ( () Diesel truck () Multi-spec () Automatic () Backhoe	your skills ed trans trans ader	s may be tested () Grader () Trencher () Tapping n () Rodder () Water Pur () High-pres	(nachine	) Snow plow ) Welder :leaner		
EDUCATION Have you gradua	<u>N:</u> ted from high scho	ol or completed a	GED or e	quivalent?	() yes	( ) no		
Name and location	on of high School:_ est year completed:					· ·		
College, Business of Technical College Name/Location	or Dates attended	Official Major and area of emphasis	Credi hour comple	S	Date aduated			
				`				
Other education,	trade school, corre	spondence etc. (Pl	ease speci	fy as above).				
<u> </u>							<u>.</u>	
	FION: ou have answered a n all the facts. Sign			ion correctly ε	and consider	all statement	ts fully so tha	at your eligibility
	have given on this erify the information dismissal.							
Date:		Signature of Ap	pplicant: _	(First name	) (Mi	ddle initial)	(Last na	 ame)

Experience: Begin with your present or most recent job and describe all periods of employment, such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format.

Employer: Mo. Yr. Yr. Telephone: Last monthly pay: \$ Complete address: Hours per week: Your title: Supervisors name and title: Duties: Reason for leaving or seeking other employment: Employer: From: Mo. Telephone: Complete address: Last monthly pay: \$ Hours per week: Your title: Supervisors name and title: Reason for leaving or seeking other employment: Duties: Employer: From: Mo. Telephone: Last monthly pay: \$ Complete address: Hours per week: Your title: Supervisors name and title: Duties: Reason for leaving or seeking other employment: Employer: From: Telephone: Mo. Complete address: Last monthly pay: \$\_\_\_\_ Hours per week: Your title: Supervisors name and title: Duties: Reason for leaving or seeking other employment: Employer: From: Yr. Mo. Mo. Telephone: Last monthly pay: \$ Complete address: Hours per week: Your title: Supervisors name and title: Duties: Reason for leaving or seeking other employment: